

SAMPLE RFP Response

Cover Letter From your Business

Referencing RFP # _____

Section 01

**University of Colorado Colorado Springs
Small Construction Standing Order Contractors Purchase Program
Request for Proposals
Project Number: _____**

Contractor Information Page

Please use this as the front page of your submittal. Thank you.

Name of Responding Firm

Address of Responding Firm

Telephone Number

Trade to be considered for pre-qualification

Name of Individual to whom UCCS should
send Notices to Bid

Email Address of Individual to whom UCCS
should send Notices to Bid

Cell Number of Individual to whom UCCS
should send Notices to Bid

Receipt of Addenda No(s) is acknowledged

Name of Responsible Individual

Signature of Responsible Individual _____

**ACKNOWLEDGMENT AND ATTESTATION FORM
(Corporate Format)**

Date: _____

By responding to this RFP, the respondent(s) certify that he/she has reviewed the contents of this RFP and addenda, and has agreed that the terms and conditions are expressly acceptable without change or modification.

We certify and declare that the foregoing is true and correct.

Subscribed on _____ at _____,
 Date City
_____, State of _____
 County State

Corporate Officer Signature Date

Secretary Date

Note: Use full corporate name and attach corporate seal here.

(SEAL)

CU-W9

A. For Registered Vendors:

- Please provide vendor ID #

B. For New Vendors:

- You must register at the below website and complete the form:

<https://solutions.sciquest.com/apps/Router/SupplierLogin?CustOrg=Colorado>



STATE OF COLORADO

OFFICE OF THE STATE ARCHITECT

STATE BUILDINGS PROGRAMS

CERTIFICATION AND AFFIDAVIT REGARDING UNAUTHORIZED IMMIGRANTS

Institution/Agency: University of Colorado Colorado Springs

Project No./Name: Small Construction Standing Order Contractors Purchase Program

A. CERTIFICATION STATEMENT CRS 8-17.5-101 & 102 (HB 06-1343, SB 08-193)

The Vendor, whose name and signature appear below, certifies and agrees as follows:

1. The Vendor shall comply with the provisions of CRS 8-17.5-101 et seq. The Vendor shall not knowingly employ or contract with an unauthorized immigrant to perform work for the State or enter into a contract with a subcontractor that knowingly employs or contracts with an unauthorized immigrant.
2. The Vendor certifies that it does not now knowingly employ or contract with and unauthorized immigrant who will perform work under this contract, and that it will participate in either (i) the "E-Verify Program", jointly administered by the United States Department of Homeland Security and the Social Security Administration, or (ii) the "Department Program" administered by the Colorado Department of Labor and Employment in order to confirm the employment eligibility of all employees who are newly hired to perform work under this contract.
3. The Vendor shall comply with all reasonable requests made in the course of an investigation under CRS 8-17.5-102 by the Colorado Department of Labor and Employment. If the Vendor fails to comply with any requirement of this provision or CRS 8-17.5-101 et seq., the State may terminate work for breach and the Vendor shall be liable for damages to the State.

B. AFFIDAVIT CRS 24-76.5-101 (HB 06S-1023)

4. If the Vendor is a sole proprietor, the undersigned hereby swears or affirms under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
 I am a Permanent Resident of the United States, or
 I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I am a sole proprietor entering into a contract to perform work for the State of Colorado. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to starting work for the State. I further acknowledge that I will comply with the requirements of CRS 24-76.5-101 et seq. and will produce the required form of identification prior to starting work. I acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under CRS 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

CERTIFIED and AGREED to this 25th day of March, 2015.

VENDOR:

Vendor Full Legal Name

BY:

Signature of Authorized Representative

Printed Name & Title



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:		
	PHONE (A/C, No., Ext):		FAX (A/C, No):
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :		
	INSURER B :		
INSURED	Regents of Colorado are to be named as additional insured		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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Bond Letter

Demonstrate proof of ability to provide:

a. Performance, Labor and Material Payment Bonds for projects up to \$500,000

b. Bid Bonds for projects up to \$500,000

Must provide documentation from its Surety, clearly indicating its full bonding potential against bonding commitments.

Painting contracting firms are not required to provide proof of bonding ability with this RFP submittal. Proof will be required on a per-project basis.

LICENSE

REGIONAL BUILDING DEPARTMENT
2880 International Circle
Colorado Springs, Colorado 80910

In Consideration for the payment shown, this document is issued in accordance with the provisions of the Pikes Peak Regional Building Code.

ELECTRICAL CONTRACTOR

Contractor ID:

Expires:

Issued:

Amount:

Provide proof of licensing:

When applicable, contractors must be licensed in the City of Colorado Springs, or in a city along the Front Range of the State of Colorado. Licenses, where applicable, shall match work being performed.

Provide a list of jurisdictions and trade categories in which your organization is legally qualified to do business and indicate registration or license and certificate numbers. Also, where applicable, list the employees associated with each license and/or certification.

If you are in a trade that is not issued a typical license by a city, please respond to this tab with "N/A".

Section 02

Projects of Similar Size

Project Name:
General Contractor Information:
Name:
Office Address:
Contact Name:
Contact Phone Number:
PM:
Superintendent:
Brief Description of Scope of Work:
Original Bid amount:
Total Change Orders:
Final Contract amount:
Project Name:
General Contractor Information:
Name:
Office Address:
Contact Name:
Contact Phone Number:
PM:
Superintendent:
Brief Description of Scope of Work:
Original Bid amount:
Total Change Orders:
Final Contract amount:
Project Name:
General Contractor Information:
Name:
Office Address:
Contact Name:
Contact Phone Number:
PM:
Encore Superintendent:
Brief Description of Scope of Work:
Original Bid amount:
Total Change Orders:
Final Contract amount:

Section 03

UCCS Projects

Section 04

Personnel

Please see the attached resumes for:

Section 05

Litigation

A. Failed to Complete a Project

*List

B. Litigation, Judgements, Claims, Arbitration Proceedings or Suits

*List

C. Filed any lawsuits or requested Arbitration

*List

Section 06 - For Various Contractors

Example - Electrical Contractors

Provide the following licenses for staff:

Electrical Company – State of Colorado master electrician license

Electrical on-site – State of Colorado Journeyman license